MENTALLY ILL OFFENDER CRIME REDUCTION GRANT (MIOCRG) PROGRAM
Program Evaluation Survey

This survey will become part of your county's MIOCRG contract with the Board of Corrections.

1. **Key Research Contacts:**

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2. **Program Name:**
   Grant recipients have found it useful to pick a name that helps them to create a Program identity. Two examples are the IMPACT (Immediate Mental Health Processing, Assessment, Coordination and Treatment) project and the Connections Program. Indicate the name you will use to refer to your program.

   Response: STAR – Support & Treatment After Release

3. **Research Design:**

   a. Check (✓) the statement below that best describes your research design. If you find that you need to check more than one statement (e.g., true experimental <u>and</u> quasi-experimental), you are using more than one research design and <u>you will need to complete a separate copy of the survey for each design</u>. Also, check the statements that describe the comparisons you will make as part of your research design.

Research Design (Check One)	
X	True experimental with random assignment to enhanced treatment and treatment-as-usual groups
	Quasi-experimental with matched contemporaneous enhanced treatment and treatment-as-usual groups
	Quasi-experimental with matched historical group
	Quasi-experimental interrupted time series design
	Quasi-experimental regression-discontinuity design
	Quasi-experimental cohort design
	Other (Specify)
Comparisons (Check all that apply)	
	Post-Program, single comparison between enhanced treatment and treatment-as-usual groups
	Post-Program, repeated comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
	Pre-Post assessment with single post-program comparison between enhanced treatment and treatment-as-usual groups
	Pre-Post assessment with repeated post-program comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
	Pre-Post assessment with repeated pre and post program comparisons between and within enhanced treatment and treatment-as-usual groups
	Other (Specify)

b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

Response: NA

4. **Target Population:**
Please identify the population to which you plan to generalize the results of your research. Describe the criteria individuals must meet to participate in the enhanced treatment and treatment-as-usual groups (e.g., diagnosis, criminal history, residency, etc.). Also, please describe any standardized instruments or procedures that will be used to determine eligibility for program participation and the eligibility criteria associated with each instrument.

Response: **The target population is offenders booked at the jail and held for disposition, who evidence or have known history mental illness. These offenders will be interviewed by the jail mental health service to confirm that the arrestee has a serious, persistent and disabling mental disorder. A disabling mental disorder includes schizophrenia, schizoaffective disorder, bipolar disorder and major depressive disorder. In general, the target population is offenders who are also within the target population of the Division of Community Mental Health Services. The interviewing procedure will be the one that is currently in place. All persons booked are given a health and mental health screening by a registered nurse. The jail nurse has access to mental health and arrest history. Arrestees with who have a history of mental illness or exhibit signs of mental illness are referred to the jail mental health team for a full assessment and stabilizing treatment as part of the inmate classification process. The mental health team will determine the suitability of the client for inclusion in the project.**

5. **Enhanced Treatment Group**:
a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the enhanced treatment group will be chosen. For example, this process might include referrals by a judge or district attorney, or selection based on the administration of a mental health assessment instrument.

Response: **As discussed above the criteria for inclusion in the pool is criminal offending and the presence of serious and disabling mental illness. The mental health treatment discharge plan for the offender will include a random assignment of the offender to the ACT treatment cohort or to the treatment-as-usual cohort.**

Indicate exactly how the enhanced treatment group will be formed. For example, it may result from randomized selection from the pool described in 5a above. Or, if the group size is small, a matching process may be required to achieve equivalence between the enhanced treatment and treatment-as-usual groups. In the case of a quasi-experimental design, the group may be a naturally occurring group. Please describe the origins of this group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring enhanced treatment groups.

Response: **Mentally ill offenders will be assigned randomly (fairly) to the enhanced treatment group and the treatment-as-usual group. BOTEC Analysis Corporation, the independent evaluation contractor will make the random assignments using a *blocked random assignment* method that will avoid an assignment outcome whereby a string of offenders are assigned to either the treatment or control group. (Specifically, flipping a coin, a random process, can result in a string of heads or tails, even though the final outcome is random or fair.) Blocked random assignment will eliminate this possibility and insure that if**

the number of eligible falls short of the target number the recruited offenders will still be assigned randomly (fairly). This will help to build up the membership in the enhanced program at a steady pace.

6. **Treatment-as-Usual (Comparison) Group:**
   a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the treatment-as-usual group will be chosen.

   Response: **See the above discussion. It is planned that 70 mentally ill offenders will be assigned to the enhanced treatment group and 35 will be assigned to the treatment-as-usual cohort. If a test of the enhanced treatment is a reduction from 70 percent to 50 percent of mentally ill offenders who recidivate within six months, then the planned distribution of offender between treatment and control provides adequate statistical power (approx. 0.85 at a one-tailed test of alpha=0.20). This statistical power can be enhanced with regression analysis.**

   b. Indicate exactly how the treatment-as-usual group will be formed. For example, if a true experiment is planned, the treatment-as-usual group may result from randomized selection from the subject pool described in 5a above. Or, if the group size is small, a matching process may be required in an attempt to achieve treatment-control group equivalence. If a quasi-experimental design is planned, the group may be a naturally occurring group. Please describe the treatment-as-usual group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring comparison groups.

   Response: **See above discussion**

7. **Historical Comparison Group Designs (only):**
   If you are using a historical group design in which an historical group is compared to a contemporary group, please describe how you plan to achieve comparability between the two groups.

   Response: **NA**

8. **Sample Size**:

This refers to the number of individuals who will constitute the enhanced treatment and treatment-as-usual samples. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there may be offenders who participate in the program yet not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research or they may enter into the program too late for you to conduct the follow-up research you may be including as part of the evaluation component). Using the table below, indicate the number of individuals that you anticipate will <u>complete</u> the enhanced treatment or treatment-as-usual interventions. This also will be the number of individuals that you will be including in your statistical hypothesis testing to evaluate the program outcomes. Provide a breakdown of the sample sizes for each of the three program years, as well as the total program. Under Unit of Analysis, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)		
Program Year	Treatment Group	Comparison Group
First Year	35	17
Second Year	35 (first year) + 35 (end of 2d year) = 70	17 (first year) + 18 (end of 2d year)
Third Year	70	35
Total	70	35
Unit of Analysis (Check one)		
x Individual Offender		
Geographic Area		
Other:		

9. **Enhanced Treatment Group Interventions**:

Describe the interventions that will be administered to the enhanced treatment group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

Response: **Once identified clients will be assigned to an Assertive Community Treatment (ACT) team. The ACT team is composed of mental health clinicians, paraprofessionals, psychiatric nurses, a part-time psychiatrist, probation officers, and a team leader. The staffing ratio for the clinicians is 1 staff for every 10 clients. The probation caseload is 1 officer for every 35 offenders. The ACT team operations will be characterized by direct non-clinic, community-based treatment by a multi-disciplinary team, availability 24 hours 7 days a week. The goal of this intervention is to improve the ability of the client to live in reasonably, nondiscriminatory housing in the community, control their substance abuse, and get them at least part-time competitive employment. Through these improvements it is expected that institutional recidivism of the enhanced treatment clients will be controlled.**

The administrative leader will be an experienced, Masters level, licensed mental health professional. The team will use uniform problem oriented case records. BOTEC Analysis Corporation will direct the implementation and process analyses. ACT programs are well specified in the mental health literature and will provide guidance framework for the analysis.

10. **Treatment-as-Usual Group Interventions**:
    Describe the interventions that will be administered to the treatment-as-usual group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

Response: **As described, potential participants will be screened during the booking process and eligible subjects who are not selected into the experimental group will be engaged similarly and offered mental health discharge planning services while in custody including possible referrals to: Marin County's AB-2034 program, Marin County's Forensic Multi-Disciplinary Team, Community Mental Health-Adult Case Management Services, Community Mental Health Outpatient Medication Clinic Services, Ritter House, Marin Homeward Bound, Community Action Marin, Housing & Urban Development, Canal Community Alliance, Community Mental Health Clinical Assessment Team for screening, authorization and referral to community providers. At a minimum, all screened inmates will receive a list of referrals to Community Based Organizations.**

11. **Treatments and Outcomes (Effects):**
    Please identify and describe the outcomes (treatment effects) you hypothesize in your research. Indicate in the table below your hypothesized treatment effects (i.e., your dependent variables), their operationalization, and their measurement. Also indicate the treatment effect's hypothesized cause (i.e., treatments/independent variables) and the hypothesized direction of the relationship between independent and dependent variables.

Independent Variables (treatment)	Dependent Variables (hypothesized outcomes)	Operationalization of Dependent Variables	Method of Measuring Dependent Variable	Hypothesized Relationship Between Ind & Dep Variables (+ or -)
Enhanced treatment	less recidivism	Treatment team and treatment as usual	Days in the community	Enhanced treatment +
Treatment as usual	more employment	activities with regard to teaching living	Hours of employment	Treatment as usual -
Socio-demographic	more sobriety	skills, drug treatment	Urinalysis	Socio-demo +/-
Criminal history	less homelessness	occupational therapy,	Days of homelessness	Criminal history -
Diagnosis and treatment length	Reduced ER visits	maximization of public benefits	ER visits	Diagnosis and treatment length +/-

12. **Statistical Analyses:**
    Based on the table in #11 above, formulate your hypotheses and determine the statistical test(s) you will use to test each hypothesis. Enter these into the following table.

Statements of Hypotheses	Statistical Test(s)
1.Increase in days in the community (not in an institution)	Multiple regression (F-tests
2.increase in the hours of employment	and t-tests)
3.increase in percent of clean urinalyses	
4.reduction in days of homelessness	
5.Improvements in physical health	
6.	
7.	
8.	
9.	
10.	

13. Cost/Benefit Analysis:

Please indicate whether you will be conducting a Program cost/benefit analysis of the program (optional).

Cost/Benefit Analysis		
x Yes		No

If you will conduct a cost/benefit analysis, describe what it will focus on and how it will be performed.

Response: **The cost-benefit analysis will focus on the value of reduced costs of criminality, reductions in ER costs, and increase in earned income. The procedure for the CBA will follow theCPPOA paradigm developed by Brian T. Yates,** *Analyzing Costs, Procedures, Process, and Outcomes in Human Services.* **Sage publications, 1996.**

14. Process Evaluation:

How will the process evaluation be performed? That is, how will you determine that the program has been implemented as planned and expressed in your proposal? Please include a description of how will you will record and document deviations of implementation from the original proposal. Also, please identify who will conduct this evaluation and who will document the results of the evaluation.

Response: **The process evaluation will examine the degree to which the Marin ACT program follows the guidelines described in Allness and Knoedler,** *The PACT Model: A Manual for PACT Start-UP* **and Stein and Santos, Assertive Community Treatment of Persons with Severe Mental Illness. BOTEC Analysis Corporation will develop protocols and data collection process to support and report on the process evaluation and the fidelity of the Marin County ACT program.**

15. Program Completion:

What criteria will be used to determine when research participants have received the full measure of their treatment? For instance, will the program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined when participants have achieved a particular outcome? If so, what will that outcome be and how will it be measured (e.g., decreased risk as measured by a "level of functioning" instrument)?

Response: **The ACT program is not a time-limited program. It is expected that all the enhanced treatment program participants will have the opportunity to continue with the program. At the end of the demonstration, if it proves worthwhile, the County will continue the program. Although it is expected that the behavior of offenders will improve it is likely that most of the participants will still be on probation at the end of the program. There is no provision for a step-down program in this ACT demonstration, although the level of services provided to offenders is very flexible.**

16. **Participant Losses:**
    For what reasons might participants be terminated from the program and be deemed to have failed to complete the program? Will you continue to track the outcome measures (i.e., dependent variables) of those who leave, drop out, fail, or are terminated from the program? For how long will you track these outcome measures?

    Response: **It is anticipated that participants will be terminated if a clinical decision is made that the client is too dangerous (predatory anti-social), is sent to prison, moves from the County, or dies. If a client is eligible and voluntarily drops out efforts will be made to track the client and persuade them to continue services. It is likely that maintaining treatment will be a probation condition. Dropping out voluntarily is likely to be a violation of probation. One of the benefits of ACT is its focus on gaining client compliance with regard to membership and compliance to treatment, which should result in a reduction of probation violations.**